

EXHIBIT F

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re:

LEHMAN BROTHERS
HOLDINGS, INC., et al.,

Debtors

Case No. 08-13555

Chapter 11

Jointly Administered

**NOTICE AND EVIDENCE OF PARTIAL TRANSFER OF
CLAIM PURSUANT TO RULE 3001(e)**

PLEASE TAKE NOTICE that \$900,232.73 of the claim set forth below (the "Transferred Claim"), of **Citigroup Financial Products Inc.** ("Assignor") filed as an original or amended Proof of Claim against the Debtor(s):

| Proof of Claim Amount | Proof of Claim No. |
|--------------------------|-----------------------|
| \$900,232.73 | 20120 |

has been transferred and assigned to **Solus Recovery Fund II Master LP** ("Assignee"). The signature of Assignor on this document is evidence of the transfer of \$900,232.73 of or an undivided 5.00663500% ownership interest in the claim and all rights thereto.

Assignor hereby waives any notice or hearing requirements imposed by Rule 3001 of the Bankruptcy Rules, and stipulates that an order may be entered recognizing this Assignment as an unconditional assignment and the Assignee herein as the valid owner of the Transferred Claim. You are hereby requested to make all future payments and distributions, and to give all notices and other communications, in respect of the Transferred Claim to the Assignee.

ASSIGNEE: Solus Recovery Fund II Master LP

c/o Solus Alternative Asset Management LP
410 Park Avenue, 11th Floor
New York, NY 10022
Attn: Solus Compliance

ASSIGNOR: Citigroup Financial Products
Inc.

1615 Brett Road, Bldg 3
New Castle, DE 19720

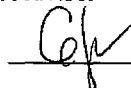
By: Solus Alternative Asset Management LP
Its Investment Advisor

Signature: _____

Name: _____

Title: _____

Date: _____



Gordon Yeager

Chief Risk Officer &

Chief Operations Officer

Signature: _____

Name: _____

Title: _____

Date: _____

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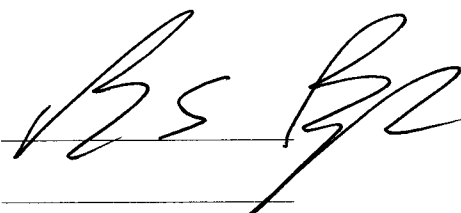
By: Solus Alternative Asset Management LP
Its Investment Advisor

Signature: _____

Name: _____

Title: _____

Date: _____

Signature:  _____

Name: _____

Title: Brian S. Broyles
Authorized Signatory

Date: _____